

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 383

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lewis</u>			
b. CITY OR TOWN <u>Fulton, Mo</u>		c. LENGTH OF STAY (in this place) <u>164, 7m, 7d</u>		c. CITY OR TOWN <u>La Grange</u>		856 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>				d. STREET ADDRESS (If rural, give location) <u>Union</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbara</u>		b. (Middle) <u>Pauline</u>		c. (Last) <u>BRINGER</u>		4. DATE OF DEATH (Month) - (Day) (Year) <u>Jan 8 1951</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>13 July 1913</u>	
9. AGE (In years last birthday) <u>37</u>		10. MONTHS <u>5</u>		11. DAYS <u>25</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>La Grange Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. H. Bringer</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Feldham</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u> ADDRESS <u>Fulton, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branch's Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				491X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy</u>							
19a. DATE OF OPERATION <u>10-4-1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Open reduction with Smith & Peterson nail & cast R hip</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>fracture R hip</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Bed Room</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Callaway Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 25 1950 2m</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Convulsive seizure and a fall</u>			
22. I hereby certify that I attended the deceased from <u>Jan 27</u> , 19 <u>51</u> , to <u>8 Jan</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7 Jan</u> , 19 <u>51</u> , and that death occurred at <u>5:30</u> A.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>G. S. Waraet</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>8 Jan 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan-10-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reveries</u>		24d. LOCATION (City, town, or county) (State) <u>La Grange Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 8-1951</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Kenneth Bailey</u>		ADDRESS <u>La Grange, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 15 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 42481

P. O. Address La Grange, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.